JEWI SH HOME AND CARE CENTER 1414 NORTH PROSPECT AVENUE

MI LWAUKEE 53202 Phone: (414) 276-2627 Ownershi p: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 232 Yes Total Licensed Bed Capacity (12/31/01): 232 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 206 Average Daily Census: 208 ******************** ************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year	20. 4 46. 6
Supp. Home Care-Household Services		Developmental Disabilities	0.0	Under 65	4.9	More Than 4 Years	33. 0
Day Services	No	Mental Illness (Org./Psy)	42.7	65 - 74	8. 7		
Respite Care	Yes	Mental Illness (Other)	7. 8	75 - 84	33. 0	Ĺ	100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	42. 7	*********	*****
Adult Day Health Care	Yes	Para-, Quadra-, Hemi plegi c	1. 5	95 & 0ver	10. 7	Full-Time Equivalen	t
Congregate Meals	No	Cancer	1. 5		Í	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	1. 5		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	17.0	65 & 0ver	95. 1		
Transportati on	No	Cerebrovascul ar	8. 3			RNs	9. 5
Referral Service	No	Di abetes	2. 4	Sex	%	LPNs	9. 7
Other Services	No	Respi ratory	4. 4		·	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	13. 1	Male	21.8	Aides, & Orderlies	58 . 3
Mentally Ill	No			Femal e	78. 2		
Provi de Day Programmi ng for			100. 0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay			Family Care			lanaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	2	1. 4	126	0	0. 0	0	1	2. 2	205	0	0. 0	0	0	0.0	0	3	1. 5
Skilled Care	10	100.0	259	135	95. 7	107	0	0.0	0	43	95. 6	186	10	100.0	107	0	0.0	0	198	96. 1
Intermedi ate				4	2.8	88	0	0.0	0	1	2. 2	186	0	0.0	0	0	0.0	0	5	2. 4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	10	100.0		141	100.0		0	0.0		45	100.0		10	100.0		0	0.0		206	100.0

JEWISH HOME AND CARE CENTER

Admissions, Discharges, and Deaths During Reporting Period				scrvrccs, an	nd Activities as of 12		
8 1 8				9	% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	4. 6	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	5.8	Bathi ng	0.0		69. 9	30. 1	206
Other Nursing Homes	4. 0	Dressi ng	18. 4		59. 2	22. 3	206
Acute Care Hospitals	82. 1	Transferring	38. 8		37. 4	23. 8	206
Psych. HospMR/DD Facilities	0.0	Toilet Use	35. 9		43. 7	20. 4	206
Reĥabilitation Hospitals	0.6	Eati ng	69. 9		17. 0	13. 1	206
Other Locations	2. 9	*********	******	******	*******	*************	******
otal Number of Admissions	173	Conti nence		%	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	al Catheter	8. 7	Receiving Resp	i ratory Care	13. 1
Private Home/No Home Health	13. 3	Occ/Freq. Incontinen		53. 9	Receiving Trac		0. 0
Private Home/With Home Health	20.0	Occ/Freq. Incontinen	t of Bowel	35. 9	Receiving Suct	i oni ng Č	1. 5
Other Nursing Homes	4. 4	•			Receiving Osto	omy Care	2. 4
Acute Care Hospitals	25. 6	Mobility			Receiving Tube		2. 9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	16. 0	Receiving Mech	anically Altered Diets	s 38.8
Rehabilitation Hospitals	0.0	i i			S	J .	
Other Locations	7. 2	Skin Care			Other Resident C	Characteri sti cs	
Deaths	29. 4	With Pressure Sores		7. 3	Have Advance D	i recti ves	100. 0
otal Number of Discharges		With Rashes		4. 4	Medi cati ons		
(Including Deaths)	180				Receiving Psyc	hoactive Drugs	28. 2

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	Ownershi p:		ershi p:	Bed	Si ze:	Li c	ensure:				
	Thi s	This Nonprofit		2	00+	Ski	lled	Al	l		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o		
Occupancy Rate: Average Daily Census/Licensed Beds	89. 7	88. 9	1. 01	80. 2	1. 12	82. 7	1. 08	84. 6	1. 06		
Current Residents from In-County	90. 8	88. 1	1. 03	83. 3	1. 09	85. 3	1.06	77. 0	1. 18		
Admissions from In-County, Still Residing	22. 0	22. 9	0. 96	27. 4	0. 80	21. 2	1. 04	20. 8	1. 06		
Admissions/Average Daily Census	83. 2	129. 6	0. 64	94. 3	0. 88	148. 4	0. 56	128. 9	0. 65		
Discharges/Average Daily Census	86. 5	133. 7	0. 65	98. 8	0. 88	150. 4	0. 58	130. 0	0. 67		
Discharges To Private Residence/Average Daily Census	28. 8	47.6	0. 61	31. 6	0. 91	58. 0	0. 50	52. 8	0. 55		
Residents Receiving Skilled Care	97. 6	90. 5	1. 08	89. 7	1.09	91. 7	1.06	85. 3	1. 14		
Residents Aged 65 and Older	95. 1	97. 0	0. 98	90. 1	1. 06	91. 6	1.04	87. 5	1. 09		
Title 19 (Medicaid) Funded Residents	68. 4	56. 0	1. 22	71. 6	0. 96	64. 4	1.06	68. 7	1.00		
Private Pay Funded Residents	21.8	35. 1	0. 62	19. 1	1. 14	23. 8	0. 92	22. 0	0. 99		
Developmentally Disabled Residents	0. 0	0. 5	0.00	0.8	0.00	0. 9	0.00	7. 6	0.00		
Mentally Ill Residents	50. 5	30. 9	1. 63	35. 4	1. 43	32. 2	1. 57	33. 8	1. 49		
General Medical Service Residents	13. 1	27. 3	0. 48	20. 3	0. 65	23. 2	0. 57	19. 4	0. 68		
Impaired ADL (Mean)	44. 8	50. 3	0.89	51. 8	0. 86	51. 3	0.87	49. 3	0. 91		
Psychological Problems	28. 2	52. 4	0. 54	47. 7	0. 59	50. 5	0. 56	51. 9	0. 54		
Nursing Care Required (Mean)	8.8	7. 1	1. 24	7. 3	1. 20	7. 2	1. 22	7. 3	1. 20		